

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/719289
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5	1	1	1	1		
6		1		1		
7	1					
8		1				
9	2					
10	1					
11	1					
12	1					
13		1				
14			1			
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TOTAL IND.	2	8	3	0		
TOTAL DEP.	13	0	7	0		
TOTAL CLAIMS	15	0	10	0		

*	1			2	3
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
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100					
TOTAL IND.		8		0	
TOTAL DEP.		0		0	
TOTAL CLAIMS		10		0	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

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